STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Garretson Gazette		2. DATE 09-19-2022
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 50	3B. ANNUAL SUBSCRIPTION PRICE $ $40/$42/$44
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 506 N Main Ave, Garretson, SD 57030		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 327, Garretson, SD 57030		
6. FULL NAME OF PUBLISHER: Moritz Industries LLC		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: Garrick Moritz & Carrie Moritz	COMPLETE MAILING ADDRESS: 505 Center Ave, Garretson, SD 57030	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	725	
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	100	
2. Mail Subscription (Paid and or requested)	468	
3. Paid Electronic Copies	68	
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	636	
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	29	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	665	
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	30	
2. Return from News Agents	30	
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	725	

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Dwite A. Mar — (Signature)

Owner/Publisher — (Title)

State of South Dakota)
§
County of Minnehaha)

Sworn to before me this 19th day of September, 2022

Mary A Carlson — Notary Public

(Seal)

MARY A. CARLSON
NOTARY PUBLIC
SOUTH DAKOTA

My commission expires: My Commission Expires May 13, 2027

Form: SOS REC 051 9/2016